		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:			
390104			B. WING:		03/07/2023				
NAME OF PROV	VIDER OR SUPPLIER: NE		STREET ADDRESS, CITY, STATE, ZIP CODE: 4372 ROUTE 6						
STATE LICENS	E NUMBER: 550501		KANE, PA 16735						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII				SHOULD BE COMPLETE				
P 0000	INITIAL COMMENT		P 0000						
P 0317	This report is the result complaint investigation on February 24, 2023, additional documentati March 7, 2023. It was was not in compliance Pennsylvania Department Regulations for Hospit Subparts A and B, Nov June 1998.	onducted h ng on facility nts of the s and rt IV,	P 0317						
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
	390104 B. WING: 03/07/2023				03/07/2023		
NAME OF PROVIDER OR SUPPLIER: UPMC KANE STATE LICENSE NUMBER: 550501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4372 ROUTE 6 KANE, PA 16735				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG				
P 0317	Continued from page 1 103.4 (3) FUNCTIONS (3) Take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations. This REGULATION is not met as evidenced by:			P 0317	Effective 3-8-2023, UPMC In ensure the scheduled month! Patient Safety Committee metake place, including utilizing rescheduled date within the rescheduled line the event key merare not available, the UPMC President will assign interim if applicable. In the event the barriers projected in the schemonthly meeting dates, the Fafety Officer will report to hospital President in a timely to allow alternate scheduling coverage, or support, if applit The monthly meetings will be monitored and reported to the hospital President for a period months.	eetings g a month, if mbers Kane support, ere are eduled Patient the y manner sicable.	Completion Date: 04/06/2023 Status: APPROVED Date: 03/22/2023

State Form 8BEZ11 IF CONTINUATION SHEET Page 2 of 5

		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390104		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/07/2023			
NAME OF PROVIDER OR SUPPLIER: UPMC KANE STATE LICENSE NUMBER: 550501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4372 ROUTE 6 KANE, PA 16735						
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
P 0317	Based on review of facility documents and employee interview (EMP), it was determine the facility failed to conform to all applicable. Laws. UPMC Kane was not in compliance with the following State law: Act 13 of 2002 Medical Care Availability and Reduction of Error (MCARE) Act of Mar. 2002, P.L. 154, No. 13 40 Chapter 3. Pat Safety Section 310 Patient Safety Committee shall be composed of the medical facility's patient safety officer and at least the health care workers of the medical facility are sidents of the community served by the medical facility who are not agents, employees or contractors of the medical facility. No more member of the patient safety committee a member of the medical facility's board of The committee shall include members of the facility's medical and nursing staff. The co		ned that ble State he and 20, tient nittee safety al chree and two nedical re than he shall be contrastes. he medical	P 0317					

State Form 8BEZ11 IF CONTINUATION SHEET Page 3 of 5

Pennsylvania Department of Health

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390104		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/07/2023			
NAME OF PROVIDER OR SUPPLIER: UPMC KANE STATE LICENSE NUMBER: 550501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4372 ROUTE 6 KANE, PA 16735						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE			
P 0317	Continued from page 3			P 0317					
	shall meet at least mon This was not met as ev								
	This was not met as ev								
	Based on review of fac	•	1.1						
	employee interview (E								
	the facility failed to en Committee met at least	-							
	between September of	•							
	Findings Include:								
	Review on February 28 10:10 AM of the "UPM Kane Patient Safety Plant D. Patient Safety Communication of the service of the ser	n UPMC ealed " The							
	least monthly to overse and carry out the duties 307(b)(2) and 310(a) o	Program							
	1. Review on February 28, 2023, at approxima 1:10 PM of the Patient Safety Committee Meet								

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390104		:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/07/2023			
NAME OF PROVIDER OR SUPPLIER: UPMC KANE STATE LICENSE NUMBER: 550501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4372 ROUTE 6 KANE, PA 16735					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
P 0317	Minutes between September of 2022 and F of 2023 revealed no documentation of Pati Safety Committee Meeting Minutes for Se of 2022 and January of 2023. 2. On March 7, 2023, at 2:05 PM, EMP1 responded via email and confirmed the Pat Safety Committee did not conduct meeting September of 2022 and January of 2023.		ent ptember ient	P 0317				

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Certified End Page

UPMC KANE

STATE LICENSE NUMBER: 550501 SURVEY EXIT DATE: 03/07/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY